

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A.H.	72192	6/25/90
O.I.P.E. CLASSIFIER	1918	69652	6/25/90
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Rejected
 = Allowed I Incomplete
 - (Through numeral) Canceled A Approved
 + Restricted O Other

Claim	Final	Original	Date
1	1	1	6/25/90
2	2	2	6/25/90
3	3	3	6/25/90
4	4	4	6/25/90
5	5	5	6/25/90
6	6	6	6/25/90
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Claim	Final	Original	Date
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100	100	100	6/25/90

Claim	Final	Original	Date
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149	149	149	6/25/90
150	150	150	6/25/90

BEST AVAILABLE COPY If more than 150 claims or 10 actions
 staple additional sheet here

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